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*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/19/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>WDR</i> Examiner's Signature	<i>WDR</i> Initials			

ADDRESS  
23599

TITLE  
omega-carboxyaryl substituted diphenyl ureas as raf kinase inhibitors

<b>FILING FEE RECEIVED</b> 1494	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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